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ABSTRACT

Many social policies rely on assessments of violence potential in their implementation. Decisions concerning such civil matters as involuntary institutionalization and level of institutional custody, and criminal matters such as type or length of sentence and the granting of bail often rely on estimates of the potential that an individual will be violent in the future. Unfortunately, the prediction of violence is a difficult task and predictions are often found to be inaccurate. Research on the prediction of juvenile violence has identified a number of "postdictors" of violent behavior. It is questionable whether those criteria can be applied accurately to the prediction of violent behavior. Practicing psychologists and psychiatrists (N=64) were asked about the procedures they followed when making assessments of violence potential. The majority of respondents (78%) reported an evaluation of past assaultive behavior to be principle variable used in making assessments of future assaultive potential. This finding suggests that clinicians are using the most current knowledge about predictions. Perhaps conclusions about an individual's potential for violence should be re-framed from an absolute "yes" or "no" statement to an estimate of the probability that the particular individual will become violent in a given set of circumstances within a specified period of time. Although the imperfections in the ability to predict violence may result in injustice, some degree of injustice may not invalidate the policies which caused it. (NB)

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The Prediction of Violence in the Execution of Social Policies: What's the Next Step?

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The mental health professions are caught in the middle when the demands of certain social policies clash with the acknowledged inaccuracy of a chief criterion in the implementation of those policies. The problem is that philosophically just social policies which rely on the apparent fairness of the determination of "dangerousness", may be rendered unjust in practice by the limits of present clinical prediction skills. In the service of some social policies, we are asked to do what we do quite poorly: predict whether an individual is prone to violence.

Predictions of violent behavior always have been something of a gamble. For a variety of reasons, and except under very special circumstances (see, for example, Michel, 1968 and Monahan, 1978), such predictions may be inaccurate in most cases in which they are attempted. Indeed, a cogent argument has been advanced that, if the baserate of individual violence in the society and the accuracy of assessment techniques are considered, predictions of violence may not approach even this low level of accuracy (Livermore, Malmquist and Meehl, 1968). Based on the abysmal record of such predictions, some would suggest simply that they be abandoned in most cases (Monahan and Cummings, 1975).

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Others contend they should not be permitted as part of expert mental health testimony (see, for example, Ennis and Litwack, 1974), or at least that they be qualified when they are offered by the mental health professions (Monahan, 1981). Principally, the problem with inaccurate predictions is that they identify many "false positives" in their quest to catch the few truely dangerous among us.

Though it is advocated by some, the abandonment of such predictions may not be such a simple matter. This is because the formulators of various social policies have assigned important roles to assessments of violence potential in the implementation of those policies. Among others, decisions concerning such civil matters as involuntary institutionalization and level of institutional custody, and criminal matters such as type or length of sentence and, surrepticiously, the granting of bail, frequently turn on an estimate of the potential that an individual will be violent in the future.

These are not spurious relationships. They are based on a well-founded belief that the quid pro quo for what otherwise might seem to be an unjustified deprivation of liberty be a demonstration that an individual presents the likelihood of violence to himself or others. One difficulty, however, is that, in most instances, we simply cannot judge such a likelihood reliably. Another is that well-founded policies are implemented at the "street level" in an imperfect world of conflicting demands and pressures, the sum total of which may limit the outcome of evaluations and ultimately distort the intent of the policies themselves (Wunsch, Tepley, Zimmermann and Peters, 1981).

Research on the prediction of juvenile violence has identified a number of "postdictors" of such violent behavior. It is questionnable, though, whether those criteria can be applied accurately to the prediction of violent behavior. For example, in a replication study conducted some years ago, I applied the 30 predictive variables suggested by nine previous investigators to

clinical predictions of juvenile violence in 122 cases seen by a Family Court clinic during a six-month period (Schlesinger, 1978a). That study found no significant relationships in comparisons among predictor variables, clinic recommendations to the court and subsequent violent behaviors, a finding consistent with the conclusions of other investigators that predictions of juvenile violence are largely unreliable.

However, even if the product of predictions is unsatisfactory, as the evidence suggests, it is possible that understanding the process of evaluation may be of some interest to us in our attempts to define both the sources of prediction failures and our appropriate roles in the prediction process. In an attempt to understand that process, I set out to evaluate the degree to which clinical practices reflect current knowledge about predictions, quite apart from the accuracy of those predictions (Schlesinger, 1978b). That study of 64 practicing psychologists and psychiatrists inquired in detail into the procedures they undertook when making assessments of violence potential. Its primary finding was that a majority (78%) cited an evaluation of past assaultive behavior as the principal variable they used in making assessments of future assaultive potential. This finding is remarkably consistent with the independent findings of other investigators (Kahle, Sales and Nagel, 1978 and Levinson, 1982).

Together, the findings imply that clinical practices do, indeed, conform to the most current knowledge about predictions. They suggest that, by and large, clinicians are using the "best" and most reliable among admittedly poor predictor variables when evaluating assaultive potential. If this is indeed the case, then we may need to look beyond the evaluators to the task of prediction itself in an attempt to understand the failure of predictions.

The finding that clinicians are using the "best" predictors available and therefore may be exhausting our current technical ability to predict future behavior suggests to some that, if we are doing the best we can with the

materials at hand, and if still we are not doing very well, maybe we ought to do something else or simply stop what we are now doing altogether. Good suggestions, perhaps, but, I think, incomplete ones. The questions are no longer "can we predict?" or "will we continue?". The answers to these questions are "not very well" and "yes". Instead, the questions are more accurately expanded into two component queries: under what circumstances and in which form ought we to predict? These are questions which straddle the border between clinical and public policy issues.

Others have suggested that the accuracy of our predictions may have been oversold and that improvements in the form and substance of our assessments are possible only if we incorporate the limitations of our predictive abilities into our assessments and if we distinguish our role in offering evaluations from the essentially political function of using those assessments. Briefly, this means re-framing our conclusions about an individual's potential for violence from an absolute statement ("yes" or "no") to an estimate of the probability that the particular individual will become violent in a given set of circumstances within a specified period of time. Such qualification more accurately reflects the state of our predictive art. It also alerts us to the difference between rendering assessments of violence potential on the one hand and, on the other, becoming involved in actions which later are taken in individual cases as a result of such assessments. These actions are political in nature and flow from interpretations and applications of community standards. In the case of detention, such parens patriae power belongs to the courts and legislatures, not to clinicians (for excellent discussions of these points, see Morse, 1978, Monahan and Wexler, 1978 and Monahan, 1982).

To the extent that psychologists and psychiatrists embrace the form and substance of assessments which accurately reflect the limitations to which our predictive abilities are inherently subject, the responsibility for interpretation and use of the predictions will rest with the proper arbiters of

social standards. How predictions are used, or even that they are used, ultimately are not matters for our profession to decide. Our part in the decision process is to explicate the limits to which interpretations of our assessments can be pushed.

In spite of such efforts, however, it is still possible that predictions will continue to be viewed as instruments of demonstrated precision. Indeed, even carefully crafted probabilistic statements can be stretched to simulate a certainty they do not in fact possess. But is this possibility all bad? Maybe not. The use of a restricted and behaviorally probabilistic conception of dangerousness -- even if it is somewhat misinterpreted -- may reduce the number of "false positives" among those to whom it is applied. In the process, the number of improperly detained persons may be reduced. If previously some of those persons might have been detained involuntarily because they were "false positives", then the number of rights violations may decrease. And that would be good news. At the same time, however, it is true that, though the number of rights violations may decrease, the nature of such violations probably will not change. Fewer people will be unjustly treated, but the injustice each experiences will be no less profound.

It is possible, then, because the criterion of dangerousness likely will not be abandoned, that the imperfections in our ability to assess violence potential may perpetuate some injustice. But some degree of injustice may not invalidate the policies from which it flows. Just how much we are willing to tolerate, though, is a social policy problem whose solution properly lies outside of the mental health professions.

References

Ennis, B. and Litwack, T. (1974). Psychiatry and the presumption of expertise: Flipping coins in the courtroom. California Law Review, 62, (3), 693-752.

Kahle, L., Sales, B. and Nagel, S. (1978). On unicorns blocking commitment law reform. Journal of Psychiatry and Law, 6, 89-105.

Levinson, R. (1982).The process of attributing dangerousness to psychiatric patients. Paper presented at the Annual Convention of the American Psychological Association, Washington, DC.

Michel, W. (1968). Personality and assessment. New York: John Wiley.

Monahan, J. (1978). Prediction research and the emergency commitment of dangerous mentally ill persons: A reconsideration. American Journal of Psychiatry, 135, (2), 198-201.

Monahan, J. (1981). Predicting violent behavior. Beverly Hills, CA: Sage Publications.

Monahan, J. (1982). The prediction of violent behavior: Developments in psychology and law. Master lecture at the Annual Convention of the American Psychological Association, Washington, DC.

Monahan, J. and Cummings, L. (1975). Social policy implications of the inability to predict violence. Journal of Social Issues, 31, (2), 163-164.

Monahan, J. and Wexler, D. (1978). A definite maybe: Proofs and probability in civil commitment. Law and Human Behavior, 2, 37-42.

Morse, S. (1978). Crazy behavior, morals and science: An analysis of mental health law. Southern California Law Review, 51, (4), 527-654.

Schlesinger, S. (1978a). The prediction of dangerousness in juveniles: A replication. Crime and Delinquency, 24, (1), 40-48.

Schlesinger, S. (1978b). Malpractice and clinical judgments: The mental health perspective. Paper presented at the Annual Meeting of the Midwestern Psychological Association, Chicago.

Wunsch, J., Tepley, L., Zimmermann, J. and Peters, G. (1981). Civil commitment as a "street-level" bureaucracy: Case-load, professionalization and administration. Journal of Health Politics, Policy and Law, 6, (2), 85-292.